



## Family Matters

Elizabeth Ahmann, ScD, RN  
Deborah Dokken, MPA

# The Effectiveness of Coaching For Children and Teens with AD/HD

Jodi Sleeper-Triplett

Specialized AD/HD coaching can be a helpful service for families and children. Coaching can help children and teens with numerous important yet challenging tasks, such as improving focus, staying on task, managing time, developing organizational skills, strengthening motivation, building self-awareness and confidence, and developing structures and routines to promote success. Readiness for AD/HD coaching is individual and depends on understanding cause and effect. AD/HD coaches work with parents of very young children, with parents and children in the pre-teen years, and directly with teen clients. AD/HD coaching for children and teens can lead to improved family life, better success in school, and optimum readiness for adult life.

**M**any nurses may be familiar with life coaching or executive coaching. Coaching is a partnership between coach and client. The coaching process is designed to support clients as they work toward fulfilling personal and professional goals. While life and executive coaching may be the most well-known forms of coaching, the approach and methods of coaching have been extrapolated into other areas or niches. One of these is AD/HD coaching.

The Institute for the Advancement of AD/HD Coaching (IAAC) defines AD/HD coaching as:

“A designed partnership that combines coaching skills with knowledge of attention deficit disorder, a neurobiological condition. The coaching process enhances quality of life, improves performance, and supports growth and change. The purpose of AD/HD coaching is to provide support, structure, and accountability. Coach and client collaboratively explore strengths, talents, tools, and new learning to increase self-awareness and personal empowerment. Together they design strategies and actions and monitor progress by creating accountability in line with goals and aspirations” (IAAC, 2007).

AD/HD coaching was brought into the spotlight as an intervention for the treatment of adult AD/HD by Hallowell

and Ratey (1994) in their seminal book, *Driven to Distraction*. At that time, professionals focused mainly on educational accommodations and therapy for children and teens with AD/HD. Little had been written about coaching for youth with AD/HD, and the focus on youth coaching was centered on academics. Academic and educational coaches were available to students needing support, with a strong recommendation of academic coaching for struggling students with AD/HD and learning disabilities. *Help4ADD@HighSchool* (Nadeau, 1998) was one of the first books to discuss AD/HD coaching on a larger scale, reaching beyond simply academic coaching. In her book, Dr. Nadeau states, “Coaching is one of the best ways to deal with your ADD... A coach provides external structure and support, and teaches [you] how to develop your own internal structure” (p. 62).

Coaching helps children and teens with AD/HD with several key challenges they face. First, coaching helps a child/teen learn techniques for maintaining focus, stay on task, and improve time management and organizational skills. The development of these skills can contribute to smoother family life and improved school performance. These skills are also the building blocks for future success. Second, by initiating the coaching process with school-aged children, coaches are able to help students with AD/HD avoid frustration and keep motivated, as well as help them build self-confidence and self-awareness during the formative years. Third, most children benefit from daily routines and structures, and building structure and predictability through routines is an effective tool for parents of challenging children with AD/HD (Heininger & Weiss, 2001). Yet, routines can be difficult for the child with AD/HD to maintain, and a busy parent can easily be thrown off a routine when a child has AD/HD. Additionally, many parents of children and teens with AD/HD have attentional issues themselves and find it difficult to keep up with a plan on a daily basis. With the support of a well-trained AD/HD coach (IAAC, 2007), effective structure and routines can be developed and sustained, facilitating the consistency that allows children with AD/HD and related behavioral issues to thrive. This can be done with support, care, and humor to protect and build the self-esteem of everyone involved.

Jodi Sleeper-Triplett, MCC, SCAC, is President, JST Coaching, LLC, a Herndon-based coach training and coaching company, Herndon, VA.

**Editors' Note:** As the school year commences, families may approach nurses with concerns about their children who have AD/HD. This article and another in an upcoming issue will address approaches and resources for supporting families and children with AD/HD.

The *Family Matters* section focuses on issues, information, and strategies relevant to working with families of pediatric patients. To suggest topics, obtain author guidelines or to submit queries or manuscripts, contact Elizabeth Ahmann, ScD, RN; Section Editor; *Pediatric Nursing*; East Holly Avenue Box 56; Pitman, NJ 08071-0056; (856) 256-2300 or FAX (856) 256-2345.

## Coaching and Readiness for Children

There is no “magic age” when coaching should begin for a child with AD/HD. However, readiness for the coaching process is critical to obtaining positive results in children. Chronological age is not always the best readiness indicator for children with AD/HD because they may mature more slowly than their peers. As Brown (2005) states, “Not all children of the same age are at the same point of development in their executive functions, and not all reach the same point over the course of their overall development” (p. 80). In order for coaching to be successful, the child must have the cognitive ability to understand rewards and consequences. This level of understanding varies by age and by the individual child. If the child can understand that completing a task, such as brushing teeth, will result in a sticker or token (a positive reward), it is possible to institute a coaching program.

When coaching is considered for children ranging in ages from 5 to 8, coaching is best accomplished through working with the parents. In turn, parents will implement the coaching plan and set the structures at home and in school. Although coaching has been found to benefit children and teens with AD/HD and executive dysfunction, children must be ready to work independently with an “outsider” for direct coaching, rather than coaching with parents, to be effective. It is possible to directly coach 9-year-old clients who have the desire and level of motivation comparable to that of clients in the pre-teen range, while other 9 or 10-year-old children may not be ready for direct coaching. These less-mature children derive more benefit from continued coaching of the parents, who then implement the plan with the child.

When the child is slightly older (10 to 12 years of age), it is helpful to arrange for coaching sessions with both the parents and the child, individually and as a team. Often, coaching children is most successful when the parents, families, and/or school personnel are actively involved in the process. Together, the coach and child collaborate with the “team” to design an appropriate coaching program. This process requires the coach to help the child explore and identify motivators, particularly external motivators, that will be most appealing to the individual child. A discussion of teen coaching is presented later in this article.

Nurses guiding families to coaching can assist the family in choosing a coach. When searching for a qualified coach, inquire about AD/HD and life coach training, the number of years in practice, and the percentage of youth clients with AD/HD. Coaches need to be well-versed in AD/HD, and in addition, possess certain personality traits, such as effectiveness, an encouraging attitude, empathy, good listening skills, a non-judgmental outlook, the ability to empower, and readiness to work on the client’s agenda in order to “forward the action” (Quinn & Ratey, 2003). Ideally, the best coach for a child will have had positive experiences working with the age group in which the child falls. Figure 1 provides a listing of helpful Internet resources where coaches can be located.

## Teens

Coaching can be very beneficial for teenagers with AD/HD. The reasons teens come to coaching vary. Some teens are interested in improving academic achievement, some in learning organizational skills and time management strategies, and others are ready for help in the process of developing new friendships, stepping out into the workforce, or exploring the future.

Typically, teens are not going to seek out a coach; the parents usually request and pay for services. Even so, it is important to have the teen involved from the beginning. In

**Figure 1.**  
**Helpful Web Sites Related to AD/HD and Coaching**

- |   |
|---|
| <ul style="list-style-type: none"><li>• International Coach Federation – <a href="http://www.coachfederation.org">www.coachfederation.org</a></li><li>• Institute for the Advancement of AD/HD Coaching (IAAC) – <a href="http://www.adhdcoachinstitute.org">www.adhdcoachinstitute.org</a></li><li>• The Edge Foundation – <a href="http://www.edgefoundation.org">www.edgefoundation.org</a></li><li>• Children and Adults with AD/HD (CHADD) – <a href="http://www.chadd.org">www.chadd.org</a></li><li>• Attention Deficit Disorder Association (ADDA) – <a href="http://www.add.org">www.add.org</a></li><li>• ADDvance – <a href="http://www.addvance.com">www.addvance.com</a></li><li>• <i>ADDitude Magazine</i> – <a href="http://www.additudemag.com">www.additudemag.com</a></li></ul> |
|---|

fact, prospective teen clients should interview a coach before the process begins. Teens are drawn to coaching when they understand that a coach is a partner in the process, not an authority figure.

By its nature, coaching is designed as an alliance between coach and client (Whitworth, Kimsey-House, Kimsey-House, & Sandahl, 2007). The teen is the client, which should be clearly stated at the outset of the coaching relationship. It is therefore essential that the coach develops a good rapport with the teen. A trusting and comfortable connection between coach and client (of any age and particularly a teen) is essential for coaching to be a success. This process is called co-creating the relationship; the coach establishes trust with the client (International Coach Federation [ICF], 1999).

As a part of the coaching agreement, the coach, the teen, and the parents must agree to terms that will work for everyone involved. Creating and posting a written coaching contract, including clear expectations, goals, and rewards, can be helpful for both parents and teens (see Figure 2). At times, the parental role may need to be re-evaluated to best address the challenges facing the teen (Alexander-Roberts, 1995). This may require additional coaching sessions for the parents or a referral to a therapist. Experienced coaches know when the issues are not within the scope of their practice and they need to refer out.

One of the more sensitive areas when working with teens is trust. Trust can become an issue if confidentiality is not addressed at the onset of coaching. Generally, coaching is a confidential partnership between the teen client and coach (ICF, 1999), and any information shared with the parents is done with the consent of the client. One solution some coaches implement to keeping parents in the loop is a weekly update between a teen and his or her parents. Weekly updates should be the responsibility of the teen, and they should provide an opportunity for the teen client to connect with parents and share the highlights of the week. When offered a choice, teens prefer to be in the “driver’s seat” and appreciate the ability to initiate the conversation with their parents. This approach is a great tool for building self-advocacy at home, in school, and in the workplace.

Mel Levine aptly describes the situation of “start-up” adults trapped in their teens. These are teens that seem to remain in adolescence for an extended period of time (Levine 2005). Teenagers with AD/HD who come to coaching are most often trapped in their earlier years. Ideally, a coaching relationship can help the teen learn to more effectively help themselves. Coaches can effectively guide and support these adolescents in preparing for the future and

**Figure 2.**  
**Effective Goal Setting for Children and Teens with AD/HD**

- Develop a contract. List the goals you wish to achieve or improve upon. Sit down with the child and work out this list together. Be reasonable, and set goals that are attainable and clear. A coach can be instrumental in setting goals and action steps toward those goals with the client.
  - Include a list of rewards and natural consequences. Be clear about the limits and set weekly or bi-weekly review times to assess progress. Be sure the parents stick to the plan and help the child stick with the target goals. Coaches will set up regular coaching sessions and check-ins on a daily basis to support progress and hold the client accountable.
  - When developing a goals contract for the teen, assure that all parties sign the contract – teen, parent, and coach. Post it prominently.
  - Use of positive reinforcement should *always* outnumber the use of any negative consequences. Give the positive reinforcement program ample time to become effective.
  - The child or teen should always be told what to do to avoid negative consequences; negatives should be clearly explained.
  - Negative consequences should be delivered in a firm way, without emotion, lectures, or long explanations. The rules are set in the contract.
  - To increase the frequency of success, the child or teen will talk with the coach to select a reward that is appealing and motivating. The parents are included in the final choices, since in most cases, they will be delivering the rewards.
- Examples include:**
- Extra free time.
  - Computer time or game system time (set specific time limits).
  - Time with friends.
  - Dinner out.
  - Money for a CD, DVD, or video game.
  - Cash for gas.
  - Marbles in a jar to be cashed in for a large purchase.
- Reward effort and progress. Goals are reached in steps/stages. Each step deserves positive recognition. A positive attitude is the key to success. It builds skills, self-confidence, and self-esteem.

**Source:** © JST Coaching, LLC, 2005. Used with permission.

moving forward. Some of the issues addressed in coaching sessions that facilitate this process are outlined in *Coaching College Students with AD/HD* (Quinn, Ratey, & Maitland, 2000). For example, “a coach can help a student with AD/HD take action on his or her goals by working together to:

- Clearly define and prioritize realistic goals.
- Anticipate roadblocks that might prevent follow through on these goals.
- Develop strategies to address roadblocks.
- Create reminder systems to promote self-monitoring and improve follow through between sessions.
- Provide external accountability and evaluate progress towards these goals” (Quinn et al., 2000, p. 17).

Coaching support is provided in a judgment-free environment that is open to the discovery of new ideas. A coach can provide this environment more easily than a parent because the coach is more objective and is removed from the daily frustrations that can impede the parent-teen relationship, particularly for teens with AD/HD. Many teens are resistant to advice from their parents and find that the coaching partnership allows them the opportunity to better express their own ideas and to be a part of the problem-solving process. Coaches can help both teens and young adults find ways to grow and feel good about themselves, while championing them and applauding the steps they take in moving forward (Whitworth et al., 2007). With coaching, the growth process (including development of skills in inner direction, interpretation, interaction, and instrumentation) comes together for a smoother startup and a more robust rollout into adult life (Levine, 2005).

### The Value of Coaching for Children and Teens

Coaching is a beneficial tool for families of many children and teens with AD/HD, executive functioning disorders, and/or behavioral concerns. An appropriate coach is one who has experience working with children and teens, can easily develop a rapport with them, and understands the intricacies of the AD/HD brain, as well as AD/HD medications and common co-existing conditions. A young client, especially if he or she is a teen, should interview a potential coach before the coaching process begins. The positive connection between the coach and a client of any age is essential for coaching to be a success.

Coaching is a positive and effective opportunity for growth and change in individuals with AD/HD. Coaching provides children and teens with a resource for fostering supportive structure, independent thinking, creativity, self-confidence, and personal growth. Coaches have the rare privilege of being a catalyst in the lives of youths, guiding each individual toward a path of their own choosing, and providing the tools necessary to travel that path well-equipped, joyful, and ready to impact the world!

### References

- Alexander-Roberts, C. (1994). *The ADHD parenting handbook*. Dallas, TX: Taylor Publishing.
- Brown, T. (2005). *Attention deficit disorder: The unfocused mind in children and adults*. New Haven, CT: Yale University Press.
- Hallowell, E., & Ratey, J. (1994). *Driven to distraction*. New York: Simon & Schuster.
- Heininger, J., & Weiss, S. (2001). *From chaos to calm: Effective parenting of challenging children with ADHD and other behavior problems*. New York: Berkley Publishing.
- Institute for the Advancement of AD/HD Coaching (IAAC). (2007). *IAAC core competencies for AD/HD coaching*. Retrieved June 20, 2008, from [http://www.adhdcoachinginstitute.org/index.php?option=com\\_content&task=view&id=71&Itemid=74](http://www.adhdcoachinginstitute.org/index.php?option=com_content&task=view&id=71&Itemid=74)
- International Coach Federation (ICF). (1999). *ICF professional coaching core competencies*. Retrieved June 20, 2008, from [http://www.coachfederation.org/Downloads/Docs/Credentialing/ICF\\_Core\\_Competencies.pdf](http://www.coachfederation.org/Downloads/Docs/Credentialing/ICF_Core_Competencies.pdf)
- Levine, M. (2005). *Ready or not, here life comes*. New York: Simon & Schuster.
- Nadeau, K. (1998). *Help4ADD@HighSchool*. Silver Spring, MD: Advantage Books.
- Quinn, P., & Ratey, N. (Eds.). (2003). *Clinical nursing series: Attention deficit hyperactivity disorders throughout the lifespan: Research, diagnosis, and treatment*. Brockton, MA: Western Schools.
- Quinn, P., Ratey, N., & Maitland, T. (2000). *Coaching college students with AD/HD*. Silver Spring, MD: Advantage Books.
- Whitworth, L., Kimsey-House, K., Kimsey-House, H., & Sandahl, P. (2007). *Co-active coaching* (2nd ed.). Mountain View, CA: Davies-Black Publishing.